مسه	PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000													
			SMALL EI TYPE	YTITY	OR	OTHER SMALL								
TOTAL CLAIMS			1					RATE .	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	Basic Fee	710.00		
TOTAL CHARGEABLE CLASS			/ minus 20s					X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			, minus 3 =					X40=		OR	X80=			
MR.	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=			+270=			
١١٠	the difference	in column 1 is	ess than zero, enter "O" in			olumn 2		TOTAL	•	OR	TOTAL	710		
-		LAIMS AS A			IVIAL		Jun	OTHER		Ì				
			SMALL	ENTITY	OR.	SMALL								
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVX PAID	BER	PRESENT EXTRA	-	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	· 20	Minus		20	•		X\$ 92		OR	X\$18=			
	Independent	· 3	Minuq	***	3	•		X40=		OR	X80=		L	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	1	OR	+270=			
·								TOTAL		20	TOTAL		ĺ	
,	1/24/04	(Column 1)	. •	(Colu	ma 21	(Column 3)		ADOIT, FEE		Jon	ADOIT: FEE!			
WENDMENT B	170-770-7	CLAIMS REMAINING AFTER AMERICAMENT		HIGH NUM PREVIO PAID	EST SER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 19	Mires	** &	10	- /		X\$ 9=		OR	X\$18=	•		
	Independent	. 2	Minus	•••	3_	<u>-/</u>		X40=		OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							•	+135=		OR	+270=	٠	İ	
			· ·	•			•	TOTAL		OR	TOTAL ADDIT FEE			
40017, FEE ADOIT, FEE ADOIT, FEE ADOIT, FEE ADOIT, FEE ADOIT, FEE ADOIT, FEE														
AMENOMENT C		CLAIMS REMAINING AFTER AMENOMENT		RIGH NUM PREVIO PAID	ESY BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 20	Minus		20	• ~		X\$ 9=		OR	X\$18=	Ī		
	Independent	. 2	Minus	0.00	3	• -		X40=		OR	X80=		ľ	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			+270=			
• 1	" If the entry is column 1 is less than the entry in column 2, write "O" in column 3.									OR	TOTAL			
"If the entry is column 1 is less than the entry in column 2, write "I so column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													l	
	The "Highest Nurr	ber Previously Pal	d Far (Total o	Independ	ent) is the	highest mumb	er Nou	nd in the app	ropdate bo	t in cti	LEDA 1.			

FORM PTO-678 (Flor GCC)

Patient and Tendemork Office, U.S. DEPARTMENT OF CONSISERCE

V.D. GPG: 2000-489-708-70103